MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12080)

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-56

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 - 8-51

**1. PLACE OF DEATH:**
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) avenue
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) avenue
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) May (Middle) Margaret (Last) Bamagan

**4. DATE OF DEATH:** (Month) 2 (Day) 21 (Year) 1953

**5. SEX:** F

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):**

**8. DATE OF BIRTH:** 8-31-1875

**9. AGE last birthday:** 77 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housekeeper

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Md

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Thomas Mergan

**14. MOTHER'S MAIDEN NAME:** Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Benj Bateson Avenue Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

**Immediate cause** (a) Coronary thrombosis

DUE TO

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Acute indigestion — Sudden

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-53, to 2-21-53; that I last saw the deceased alive on 2-21-53, and that death occurred at 6 p m., from the causes and on the date stated above.

SIGNATURE Robert V. Palmer (DEGREE OR TITLE) ADDRESS DATE SIGNED

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial

DATE THEREOF 2-24-53

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) (State) Bushwood Md

DATE REC'D BY LOCAL REG. 2-22-53

REGISTRAR'S SIGNATURE Robert V. Palmer

**24. FUNERAL DIRECTOR** Joseph C. Mattingly ADDRESS Leonardtown Md

RECEIVED
FEB 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02081

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 187

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/64

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; STREET ADDRESS (If rural, give location) —

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Alice | Gertrude | Barnes | Feb | 15 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | Colored | Single | May 19 1939 | 13 yrs. | 8 | 26 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Child | — | Maryland St Mary's | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Roadie Barnes | Mary Agnes Thompson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| — | — | Mrs Mary Agnes Barnes Leonardtown Md |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

480?

Immediate cause (a) Influenza Pneumonia — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver, paralytic ileus

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| none m. | | none |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John [illegible] MD | | Leonardtown, Md | 2/16/53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Feb 17 1953 | Our Lady's Chapel | Medleys Neck Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2/16/53 | Carmalee | Jas A. Mattingly | Leonardtown Md Maryland |

RECEIVED
FEB 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02082

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Great Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Taylor (Last) Beam

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 9-3-1865 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months 5, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Odoner | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert J. Beam | 14. MOTHER'S MAIDEN NAME: Jane A. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Philip J. Beam, Great Mills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) DUE TO Cerebral artiosclerosis — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to 2-3-, 1953, that I last saw the deceased alive on 2-3, 1953, and that death occurred at 3:15 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.B. Beam M.D. | ADDRESS Great Mills, Md. | DATE SIGNED 2-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2-5-1953 | NAME OF CEMETERY OR CREMATORY St. Georges Cemetery | LOCATION (City, town, or county) Valley Lee (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-3-53 | REGISTRAR'S SIGNATURE P.B. Beam M.D. Local Registrar | 24. FUNERAL DIRECTOR C.B. Robinson | ADDRESS Leonardtown, Md.

VS. A15

RECEIVED
FEB 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02083

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Medley Neck — LENGTH OF STAY (in this place) 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R.F.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) Jo (Middle) Hamer (Last) Dunbacher
4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE Last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | Jan 21-1871 | 82 yrs. | — | 19 | | |

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Hubin
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Raymond W. Dunbacher Leonardtown md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331 X
Immediate cause (a) Cerebral Hemorrhage — 1 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertension — 10 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility, Infirmities

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While at Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/1, 1953 to 2/7, 1953, that I last saw the deceased alive on 2/7, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jos. I. Shea M.D. ADDRESS Leonardtown, Md. DATE SIGNED 2/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2-10-1953 | NAME OF CEMETERY OR CREMATORY St Paul's | LOCATION (City, town, or county) Leonardtown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/9/53 | REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR ADDRESS Jos. C. Mattingley Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02084

# CERTIFICATE OF DEATH

Reg. Dist. No. 287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (First) William (Middle) Carson (Last) Combs
4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Oct 29-1881 | 71 yrs. | | | | |

| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| farmer owner | | Maryland St Marys | U. S. A. |

13. FATHER'S NAME: James Combs
14. MOTHER'S MAIDEN NAME: Mary Susan Norris

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| — | — | — | Mrs William P. Combs Callaway Md |

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 420.1 Immediate cause | (a) Coronary occlusion | 15 Minutes |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Arteriosclerosis | 10 years |
| | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY ? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR ? |
|---|---|---|---|
| | | | |

22. I hereby certify that I attended the deceased from May 2, 1952 to Feb 2, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 3:10 A, from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| O J Bean MD | | Great Mills Md | 2/3/53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Feb 4-1953 | Holy Face | Great Mills Maryland |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2-3-53 | O J Bean, M.D. Local Registrar | Jos C. Mattingley | Leonardtown Md |

VS. A15

RECEIVED
FEB 6 1993
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Compton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) V. (Last) Delahay

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 26 1864

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Drury

14. MOTHER'S MAIDEN NAME: Mary Jane Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Ida Delahay Compton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arterio-sclerotic C.V. Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Senecte debility

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1940 to Feb 6, 1953 that I last saw the deceased alive on ....., 1953, and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul A. Ramaker MD — ADDRESS Leonardtown Md — DATE SIGNED 2/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/9/1953 — NAME OF CEMETERY OR CREMATORY St Francis Xavier — LOCATION (City, town, or county) (State) Compton Maryland

DATE REC'D BY LOCAL REGISTRAR 2/7/53 — REGISTRAR'S SIGNATURE Ramaker

24. FUNERAL DIRECTOR Joe C. Mattingley — ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maddox
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Herbert (Middle) Bothwell (Last) Dunkle
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | June 28-1889 | 63 yrs. | 7 | 27 | | |

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Chemist Laboratory Technician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Athens Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Eli Dunkle
14. MOTHER'S MAIDEN NAME: Anna Bothwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 217-14-3988
17. INFORMANT & ADDRESS: Mrs Mary Robertson Maddox Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 10 minutes

Immediate cause (a) Arrest of heart, acute
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Fat embolus
DUE TO
(c) open reduction of fractured femur, left

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 23, 53
19b. MAJOR FINDINGS OF OPERATION: open reduction femur
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Fracture
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home
(CITY OR TOWN) Leonardtown (COUNTY) St Mary's (STATE) Md
TIME OF INJURY (Month) 28 Nov (Day) (Year) 53 (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fell on stairway

22. I hereby certify that I attended the deceased from Nov 28, 1952 to Feb 23 1953 that I last saw the deceased alive on Feb 23, 1953, and that death occurred at 10 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Leonardtown DATE SIGNED Feb 23, 53.

23. BURIAL, CREMATION, REMOVAL (Specify) cremation — DATE THEREOF 2-24-1953 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town or county) Suitland Road (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/23/53 — REGISTRAR'S SIGNATURE Carnahan
24. FUNERAL DIRECTOR ADDRESS Jos C Mattingley Leonardtown Md

VS. A15

RECEIVED
FEB 2
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 7 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY St Mary's — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN leonard town

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Md — COUNTY St Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) INFANT (Middle) (Last) Edgar

**4. DATE OF DEATH:** (Month) Feb (Day) 20 (Year) 1953

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
|---|---|---|---|---|---|---|
| F | W | Infant | Feb 20, 1953 | — yrs. | Months — Days — | Hours 2 Min. |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Infant | Infant | St. Mary's County Md | U.S.A |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James Donald Edgar | Mary Jean Henderson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | 16. SOCIAL SECURITY No. | 17. INFORMANT'S ADDRESS |
|---|---|---|
| (If Yes, give war or dates of service) | | James Donald Edgar St. Geo. Island Md |

**18. MEDICAL CERTIFICATION**

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 776X Immediate cause | (a) Pneumonia DUE TO | 1 day |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | None | |

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | Yes ☐ No ☒ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| None | None | — | — | — |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| None m. | | |

22. I hereby certify that I attended the deceased from 2/20 ..., 1953, to 2/20 ..., 1953, that I last saw the deceased alive on 2/20 ..., 1953, and that death occurred at 11:20 A, from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John [illegible] MD | | Leonardtown Md | 2/20/53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town or county) (State) | ADDRESS |
|---|---|---|---|---|
| Burial | Feb 22, 53 | St George Island Md. | [illegible] | |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR |
|---|---|---|
| 2-20-53 | [illegible] | Jos C. Mattingley Leonardtown Md |

VS. 115 (7)

21 23 29 2401

Et bien cordialement.

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BUREAU V. S.
FEB

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carroll (Middle) (Last) Gordon

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 13 1925

9. AGE last birthday: 28 yrs. If under 1 year: Months — Days 26 If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor by the day

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Queen Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wilbur Bennett Hermanville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset and Death

981.1 Immediate cause (a) Penetrating bullet wound of Thorax — minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) and cardiac tamponade — minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: hemothorax ipsilateral.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Carroll Gordon home — (CITY OR TOWN) Leonardtown Rural — (COUNTY) St Mary's — (STATE) Md

TIME OF INJURY (Month) 2 (Day) 7 (Year) 53 (Hour) 3:20 A m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Shot with rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

[signature] MD Leonardtown Md. 2/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb 9 1953

NAME OF CEMETERY OR CREMATORY: Grey Face

LOCATION (City, town, or county) (State): Great Mills Maryland

DATE REC'D BY LOCAL REG. 2-11-53

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Jos. A. Mattingly — ADDRESS: Leonardtown Maryland

VS-4TDA

Items 21&22 Film G152 3-13-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue
STREET ADDRESS (If rural, give location) Rural

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| CLYDE | Gustav | HALL | February 12 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | white | married | 3/15/1894 | 58 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farm owner | Farming | Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles C. Hall | Lillie Arnold |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Yes WW 2 | | Mrs. Olive Hall - Avenue, Md. |

18. MEDICAL CERTIFICATION

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| 902.5 Immediate cause (a) Fracture dislocation of 6th cervical vertebra | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | |
| (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
|---|---|---|
| | | |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | road | Leonardtown | St. Marys | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| 2-10-53 m. | | Presumably fell from truck |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| William H. Scott | | 700 Fleet St., Baltimore, Md. | Feb. 13, 1953 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 2/16/53 | Sacred Heart Cemetery | Bushwood, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2/17/53 | Mercedes | P. B. Robinson | Leonardtown, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown; LENGTH OF STAY (in this place): 2 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Holly Wood; STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Violet (Middle) Louise (Last) Harris

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 24-1934

9. AGE last birthday: 18 yrs. If under 1 year: Months 5, Days 15, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph G. Harris

14. MOTHER'S MAIDEN NAME: Eloise Gatton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-32-8712

17. INFORMANT AND ADDRESS: Jos G Harris Holly Wood Md R F D # 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Multiple Cerebral injuries — Interval between onset and death: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Blood

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway 5; (CITY OR TOWN): Callaway; (COUNTY): St. Mary's; (STATE): Md

TIME OF INJURY (Month) 2 (Day) 8 (Year) 53 (Hour) 2:30 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John A. Geo W. Leigh (Degree or title) ADDRESS: Park. Md DATE SIGNED: 2/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Feb 11 1953; NAME OF CEMETERY OR CREMATORY: St Aloysius; LOCATION (City, town, or county) (State): Leonardtown Md

DATE REC'D BY LOCAL REG.: 2-11-53; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Jos A. Mattingley; ADDRESS: Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '53

# CERTIFICATE OF DEATH

Reg. Dist. No. 287

VS. A15

—MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ST. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LeonardTown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MaryLand COUNTY St. MaRYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LeonardTown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) INFANT (Middle) GIRL (Last) Hayden

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 2-1-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days Hours 5 Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MaRYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jos. Thomas Hayden

14. MOTHER'S MAIDEN NAME: MARY A. MATHEWS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: J.T. HAYDEN - LeonardTown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7546

Immediate cause (a) DUE TO Congenital defect of heart with marked cyanosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ~~Club foot~~

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to Feb 1, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE (Degree or title) Ray Gunther, M.D. ADDRESS Mechanicsville DATE SIGNED 2/2/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF 2-2-53

NAME OF CEMETERY OR CREMATORY Holy Face Cem.

LOCATION (City, town, or county) Great Mills, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2/2/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR A.B. Robinson ADDRESS Leonardtown, Md.

20231413V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A6

1. PLACE OF DEATH:
COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary U.S. NAVAL AIR STATION

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE South Carolina — COUNTY unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sumter
STREET ADDRESS (If rural give location) 12 Park Ave.,

3. NAME OF DECEASED: (Type or Print) (First) McFaddin (Middle) (n) (Last) MOISE

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 11-7-22

9. AGE last birthday: 30 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): U. S. NAVY

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis M. MOISE

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — (If Yes, give war or dates of service) Jun '42 - Feb '53

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: U. S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) INJURIES, MULTIPLE, EXTREME

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Aircraft crash — Instantly

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) USNAS — (CITY OR TOWN) (COUNTY) (STATE) Patuxent River, St. Mary's Maryland

TIME OF INJURY (Month) Feb. (Day) 4 (Year) 53 (Hour) 1035 m. — INJURY OCCURED While at Work ☒ Not While At Work ☐ — HOW DID INJURY OCCUR? Aircraft accident

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 1035, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. GILLESPIE CAPTAIN MC USN — ADDRESS USNAS, Patuxent River, Maryland — DATE SIGNED 2-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) TRANSPORTATION — DATE THEREOF 2-6-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) SUMPTER, S.C.

DATE REC'D BY LOCAL REGISTRAR 2/5/53 — REGISTRAR'S SIGNATURE Lancaster

24. FUNERAL DIRECTOR W B Robinson — Leonardtown — ADDRESS md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02093

# CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED: (Type or Print)** (First) John (Middle) W. (Last) Thompson

**4. DATE OF DEATH:** (Month) Feb (Day) 20 (Year) 1953

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** single

**8. DATE OF BIRTH:** Jan 10 1888

**9. AGE last birthday:** 65 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 1 Min. 10

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired: Cement finish work by the hour

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland St Marys

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** George Thompson

**14. MOTHER'S MAIDEN NAME:** Belinda Johnson

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War #1

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Mrs Myrtle Statemas Jordon Valley Lee Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

481X

Immediate cause (a) Acute myocarditis — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Influenza — 2 weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 2/17, 1953 to 2/20, 1953 that I last saw the deceased alive on 2/19, 1953 and that death occurred at 1:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) E.X. Thompson — ADDRESS Lexington Park Md. — DATE SIGNED

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial — **DATE THEREOF** Feb 23-1953 — **NAME OF CEMETERY OR CREMATORY** Bethuda — **LOCATION** (City, town, or county) Valley Lee (State) Maryland

**DATE REC'D BY LOCAL REGISTRAR** 2/22/53 — **REGISTRAR'S SIGNATURE** [illegible]

**24. FUNERAL DIRECTOR** Jas C. Mattingley — ADDRESS Leonardtown Md

VS. A15

RECEIVED
FEB 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02094

# CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 2 yrs 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U. S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Georgia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Homer
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Hubert (Last) VAUGHN

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-18-31

9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): U. S.

10b. KIND OF BUSINESS OR INDUSTRY: NAVY

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Holman Freeman VAUGHN

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 7-22-49 –

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U. S. Navy Files

2-4-53

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

860 +

Immediate cause (a) INJURIES, MULTIPLE, EXTREME — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Aircraft crash — Instantly

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) USNAS, PAX RIV MD (CITY OR TOWN) Patuxent River, (COUNTY) St. Mary's (STATE) Maryland

TIME OF INJURY (Month) Feb. (Day) 4 (Year) 53 (Hour) 1035

INJURY OCCURED While at Work ☒ Not While At Work ☐

HOW DID INJURY OCCUR? Aircraft accident

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1035, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. GILLESPIE CAPTAIN MC USN ADDRESS USNAS, Patuxent River, Md. DATE SIGNED 2-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) TRANSPORTATION — DATE THEREOF 2-6-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) COMMERCE, GEORGIA.

DATE REC'D BY LOCAL REGISTRAR 2/5/53 — REGISTRAR'S SIGNATURE Carvalius

24. FUNERAL DIRECTOR J. B. Robinson — ADDRESS Leonardtown Md.

RECEIVED
FEB 9 1953
BUREAU V. E.